

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 24 AM 11:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P23317

(1)

1. Corporation Name

LLOYDS CREDIT CORPORATION

Principal Place of Business

**470 LINCOLN STREET
P.O. BOX 15089
WORCESTER MA 01615-0089**

Mailing Address

**470 LINCOLN STREET
P.O. BOX 15089
WORCESTER MA 01615-0089**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

04-2674244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

472 Lincoln Street

2a. Mailing Address

472 Lincoln Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	RAYE, ELEANOR T.	80 MAYNARD ST.	NORTHBORO MA
T	HOWARD, DENNIS P.	GROVE & NEWTON STREETS	BARRE MA
S	CAHILL, WILLIAM J. J.	7 ROBIN ROAD	BEVERLY MA
D	MCMAULIFFE, JAMES R.	14 REV. THOMAS HOOKER ROAD	WESTBORO MA
D	RUPLEY, THEODORE J.	9 WINGATE LANE	ACTION MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Change	Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with no tickless.

SIGNATURE:

Dennis P. Howard, Treasurer 4/18/95 (508) 757 1628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Expo

Exempt From #